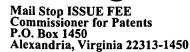


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	4	, in the state of	1			(Date)
APPLICATION NO.	FILING DATE	A A RIVE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/698,115	10/30/2000	Akihisa Horiud		ni	865.4345 DI	8783
TITLE OF INVENTION: Z	OOM LENS AND OPTICAL	APPARATUS U	SING THE SAME			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE F	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$0	\$1330	03/01/2004
EXAMINER		ART UNI	т с	CLASS-SUBCLASS	1	
THOMPSON, TIMOTHY J		2873		359-687000	J	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			attorneys or agents. If no name is listed, no name will be printed.			
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Please check the appropriate	e assignee category or categor	ies (will not be pri	nted on the patent);	🗖 individual 💆	corporation or other private gr	roup entity 🚨 government
4a. The following fee(s) are	enclosed:		Payment of Fee(s):			
☐ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached.						
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Director for Patents is reque	ested to apply the Issue Fee an	d Publication Fee	(if any) or to re-app	ly any previously paid	issue fee to the application ide	entified above.
(Authorized Signature) Daniel S. Gl	Namel House Lueck - Reg. No.	(Date) 37,838	2/25/2004			
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